

B 5 (Official Form 5) (12/07)

UNITED STATES BANKRUPTCY COURT		INVOLUNTARY PETITION
IN RE (Name of Debtor - If Individual: Last, First, Middle) <div style="font-size: 1.2em; font-family: cursive;">Sice Technologies Inc</div>	ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)	
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.):		
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) <div style="font-size: 1.2em; font-family: cursive;">3800 Gateway Centre Blvd Suite 308 Morrisville, NC 27560</div>	MAILING ADDRESS OF DEBTOR (If different from street address)	
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS <div style="font-size: 1.2em; font-family: cursive;">Wake</div>	ZIP CODE	
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11		
INFORMATION REGARDING DEBTOR (Check applicable boxes)		
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box.) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other
VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.	FILING FEE (Check one box) <input type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>	
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)		
Name of Debtor	Case Number	Date
Relationship	District	Judge
ALLEGATIONS (Check applicable boxes) 1. <input type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3. a. <input type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		

COURT USE ONLY

FILED

AUG 10 2010

 STEPHANIE J. EDMONDSON, CLERK
 U.S. BANKRUPTCY COURT
 EASTERN DISTRICT OF NC

10:20 a.m.

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Name of Debtor _____

Case No. _____

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

TRANSFER OF CLAIM

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x Glenn Seymour
Signature of Petitioner or Representative (State title)
Name of Petitioner Glenn Seymour Date Signed August 9, 2010

Name & Mailing
Address of Individual
Signing in Representative
Capacity

514 Darrle St
Box 313
Raleigh, NC 27605

x Robert T. Crew
Signature of Petitioner or Representative (State title)
Name of Petitioner ROBERT T. CREW Date Signed 9-AUG-2010

Name & Mailing
Address of Individual
Signing in Representative
Capacity

7908 TYLERTON DRIVE
RALEIGH, NC 27613

x Paul McDaniel
Signature of Petitioner or Representative (State title)
Name of Petitioner Paul McDaniel Date Signed _____

Name & Mailing
Address of Individual
Signing in Representative
Capacity

300 Holly Branch Dr
Holly Springs NC
27540

x N/A
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

Address _____

Telephone No. _____

x N/A
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

Address _____

Telephone No. _____

x N/A
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

Address _____

Telephone No. _____

PETITIONING CREDITORS

Name and Address of Petitioner	<u>Glenn Seymour</u> <u>514 Darrle St Box 313</u> <u>Raleigh, NC 27605</u>	Nature of Claim	<u>Unreimbursed Expenses - Vacation pay</u>	Amount of Claim	<u>\$ 6115.00</u>
Name and Address of Petitioner	<u>ROBERT T. CREW</u> <u>7908 TYLERTON DRIVE</u> <u>RALEIGH, NC 27613</u>	Nature of Claim	<u>VACATION PAY</u>	Amount of Claim	<u>\$ 1,452.12</u>
Name and Address of Petitioner	<u>Paul McDaniel</u> <u>300 Holly Branch Dr</u> <u>Holly Springs, NC 27540</u>	Nature of Claim	<u>Vacation Pay</u>	Amount of Claim	<u>4184.25</u>
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.					Total Amount of Petitioners' Claims

☒ continuation sheets attached

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x Eric Espenhahn
Signature of Petitioner or Representative (State title)
Name of Petitioner _____ Date Signed _____

Name & Mailing
Address of Individual 101 Parkvine Cir.
Signing in Representative Cary NC 27519
Capacity _____

x N/A
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

Address _____

Telephone No. _____

x Pamela A. McNulty
Signature of Petitioner or Representative (State title)
Name of Petitioner _____ Date Signed 9 Aug 10

Name & Mailing
Address of Individual 1013 Newington Way
Signing in Representative Apex, NC 27502
Capacity _____

x N/A
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

Address _____

Telephone No. _____

x _____
Signature of Petitioner or Representative (State title)
Name of Petitioner _____ Date Signed _____

Name & Mailing
Address of Individual _____
Signing in Representative _____
Capacity _____

x _____
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

Address _____

Telephone No. _____

Name and Address of Petitioner 101 Parkvine Cir.
Eric Espenhahn Cary NC 27519

Name and Address of Petitioner 1013 Newington Way
Pamela A. McNulty Apex NC 27502

Name and Address of Petitioner _____

PETITIONING CREDITORS

Nature of Claim	Amount of Claim
<u>Vacation Pay</u>	<u>1719.46</u>
<u>Vacation Pay</u>	<u>2675.32</u>
Nature of Claim	Amount of Claim

Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.

Total Amount of Petitioners' Claims

_____ continuation sheets attached